

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449/PTO

## INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

*Complete if Known*

Application Number	10/821,482
Filing Date	April 9, 2004
First Named Inventor	Barry Steven Herman
Art Unit	2136
Examiner Name	Louie, Oscar A.
Attorney Docket Number	EMC-05-107(PRO)ORD1

Sheet	1	of	1
-------	---	----	---

## U.S. PATENT DOCUMENTS

[illegible]

## FOREIGN PATENT DOCUMENTS

[illegible]

Examiner Signature		Date Considered	
-----------------------	--	--------------------	--

**EXAMINER:** Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. \* Applicant's unique citation designation number (optional). \* See Kinds Codes of USPTO Patent Documents at [www.uspto.gov/MPEP 901.04](http://www.uspto.gov/MPEP%20901.04). 3. Enter: Office issued the document, by the two-letter code (WIPO Standard ST.3). \* For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. \* Indicate the language of the document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. \* Applicant is to place a check mark here if English language translation is attached.

This collection of information is required by 35 CFR 1.1 and 1.186. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to: [Comments@USPTO.gov](mailto:Comments@USPTO.gov), Attention: Office of Management and Information Systems, Room 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: [Comments@USPTO.gov](mailto:Comments@USPTO.gov), c/o P.O. Box 1550, Alexandria, VA 22313-1550.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.